



PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

STATEMENT

BY

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PERMANENT MISSION OF JAMAICA
TO THE UNITED NATIONS

TO THE

THIRTY-FIFTH SESSION OF THE
COMMISSION ON POPULATION AND DEVELOPMENT

ON

*Jamaica's experience in population matters:
reproductive rights and reproductive health,
with special reference to HIV/AIDS*

NEW YORK, April 3, 2002

CHECK AGAINST DELIVERY

Mr . Chairman,

From the outset, allow me to express my delegation's appreciation to you in presiding over the meetings of the Commission this year. We would also like to thank Ms. Thoraya Ahmed Obaid, Executive Director of the UNFPA and Mr. Joesph Chamie, Director Population Division for the informative presentations made during the Opening Session on Monday.

Mr. Chairman,

Jamaica fully concurs that population concerns are an indispensable part of national and international efforts to achieve equitable, sustained development and it is within this context that Jamaica was pleased to participate in the Twenty First Special Session of the General Assembly for the Overall Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) in 1999. Jamaica also fully subscribes to the principles, goals and objectives of the Programme of Action including those related to Reproductive Rights and reproductive health and therefore believes that the Commission's focus on this issue is quite fitting.

My delegation wishes to thank the Secretary General for his Concise Report on World Population Monitoring 2002, Reproductive Rights and Reproductive Health contained in document E/CN.9/2002/2 which provides recent information on selected aspects of reproductive rights and reproductive health throughout the world.

Mr. Chairman,

Jamaica fully supports the call for more accessible quality reproductive health services, especially in light of declining population growth and fertility rates. We concur with the view expressed by the Executive Director of the UNFPA, Ms. Obaid, that this is not merely a matter of population growth and demographics but a matter of human rights and the right to development and human well-being. My delegation will confine itself to specific issues as it relates to Jamaica.

REPRODUCTIVE HEALTH AND RIGHTS

Jamaica's fertility pattern can be regarded as "early peaked", with the highest fertile group being the 20-24 year age group. Over the past forty years, approximately 68.0 percent of total births have occurred in the 15- 29 year age group. Adolescence and youth fertility (15-24 years) have been a major concern. This is largely owing to the fact that the average age of first sexual experience for boys is 13.5 years and for girls 15.5 years.

As a consequence, our national programmes have to directly address the issue of early child bearing, which is usually associated with those young

persons with low levels of education, high unemployment rates, female headed households and poverty. Breaking this cycle has been a major emphasis of the Jamaica Reproductive Health Programme.

Targeting adolescents in Jamaica and their reproductive health issues has to a large extent, been a direct result of agreements reached in the ICPD programme of Action and the ICPD+ 5 Further Action. Through technical and financial support from both the United Nations Population Fund (UNFPA), the United States Agency for International Development and other donors, adolescent and youth friendly programmes in reproductive health are being piloted in a number of health clinics in both Government and non- Government sectors island-wide. Other initiatives such as media awards, and the establishment of the Parliamentary Movement on population and development have also targeted adolescents and youth reproductive health as programme priorities.

In recent years the Ministry of Health of Jamaica has formulated a Policy Proposal for Health Personnel for the Provision of Services and Counselling to adolescents under the age of Consent". The policy is expected to ensure the integration of adolescent reproductive health services into the existing health system.

In view of the need to incorporate a more comprehensive, multi-pronged approach to systematically address the complex and inter-related needs of adolescents, there has been greater involvement and participation of parliamentarians, the media, civil society organisations including the Church in reproductive health issues affecting adolescents and youth. Adolescents

and Youth themselves have been more integrally involved in the articulation and implementation of the current reproductive health programmes which target them.

HIV/AIDS

Mr. Chairman,

I now turn to the crisis of the HIV/AIDS pandemic.

Jamaica has a rate of HIV/AIDS infection of 1-2 per cent of the adult population. New HIV infections in adolescents have been increasingly alarming since 1995 and adolescent females have three times higher risk of infection than males the same age. The overall case fatality rate for AIDS is high and has contributed to an estimated 2,000 children being orphaned because of the loss of a mother or both parents.

Current data reflects that in 2001, women accounted 46 percent of the total reported cases with an increase of ten per cent from the previous year. The rate of HIV infection in women is increasing steadily more than men. During the period January to December 2001, it was reported that HIV/AIDS and Sexually transmitted Infections are the second leading cause of death for both men and women in the age group 30-34 years in Jamaica.

The Jamaican Government has undertaken comprehensive measures to strengthen the provision of health care services to those affected by the illness and has intensified its campaign to promote prevention, which we believe should be our primary response. Despite serious financial

constraints, there has been notable progress in a number of areas. The Ministry of Health has introduced a pilot programme directed at reducing mother to child transmission, with free HIV testing being provided being provided to all mothers in the pilot area, as well as free anti-retroviral drugs at the time of delivery and after birth for the baby. Some major achievement over the past year included the hosting of community based AIDS Committees and the launching of the National Aids Committee website and the first ever hosted Caribbean Youth Chat room.

In the face of the costs associated with the treatment of HIV/AIDS and the overall impact of this epidemic on the economy, we will continue to make prevention a primary focus. Gains continue to be made in the area of lowering infection rates for sexually transmitted diseases, particularly infectious syphilis and congenital syphilis. There is still urgent work to be done in controlling the disease among the population.

Jamaica recognises that HIV/ AIDS is not only a health issue but a developmental one. In this regard, the National HIV control programme in collaboration with different stakeholders has completed the development of the National Strategic Plan for HIV/AIDS. The National Strategic Plan 2002-2006 has among its main goals;

1. To build an effective multi-sectoral response to the HIV/AIDS epidemic
2. To mitigate the socio-economic and health impact of HIV/AIDS in the society
3. To decrease individual vulnerability to HIV/AIDS infection.

Finally, Mr. Chairman,

As agreed at last year's UNGASS on HIV/AIDS, if we are to win the battle against this deadly illness, adequate and sustained assistance to those in need must be accompanied by measures to increase awareness and prevention efforts, reduce stigmatisation, and limit the factors that make people vulnerable, including gender inequality, social exclusion, conflict and economic deprivation.

Thank You.